

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001523

1. Entity Name

P. B. SAWYER, GENERAL CONTRACTORS, INC.

FILED

Mar 14, 2001 8:00 am  
Secretary of State

03-14-2001 90524 027 \*\*\*150.00

Principal Place of Business

145 PENNOCK TRACE DR  
JUPITER FL 33458  
US

Mailing Address

145 PENNOCK TRACE DR  
JUPITER FL 33458  
US

730975



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10966 S DOGWOOD TRAIL

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AS CHANGE

City & State

JUPITER FL

City & State

4. FEI Number 65-0629907

Applied For

Not Applicable

Zip

Country

33478

PALM BEACH

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAWYER, PETER B  
145 PENNOCK TRACE DRIVE  
JUPITER FL 33450

Name

Street Address (P.O. Box Number is Not Acceptable)

10966 S DOGWOOD TRAIL

City

JUPITER

FL

Zip Code

33478

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$350.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME SAWYER, PETER B  
STREET ADDRESS 145 PENNOCK TRACE DR  
CITY-ST-ZIP JUPITER FL

TITLE ☒ Change ☐ Addition  
NAME SAWYER PETER B  
STREET ADDRESS 10966 S DOGWOOD TRAIL  
CITY-ST-ZIP JUPITER FL 33478

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 661 743-0300

Date

Daytime Phone #

CR2E034 (10/00)